

BK 0427 PG 0157

NANCY LEE JOLLEY,
GRANTOR(S)

STATE MS - DESOTO CO.

AUG 29 2 25 PM '02

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TO

BK 427 PG 157
W.E. DAVIS CH. CLK. **WARRANTY DEED**

BEVERLY JANE SPECHT, ET AL,
GRANTEE(S)

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, the undersigned Grantor, **NANCY LEE JOLLEY, a widow**, do hereby sell, convey and warrant unto **BEVERLY JANE SPECHT, a single person, and HARRY FREDERICK SPECHT, III, a single person, as joint tenants with full right of survivorship and not as tenants in common**, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DeSoto, State of Mississippi, and more particularly described as follows, to-wit:

Lot 1256, Section F, GREENBROOK SUBDIVISION, in Section 19, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 9, Pages 46-49, in the office of the Chancery Clerk of DeSoto County, Mississippi

Said lands are subject to rights of way and easements for public roads and for public utilities; to applicable building, zoning, subdivision and Health Department regulations; to the covenants, limitations and restrictions of record with the said recorded plat of said subdivision and to which reference is hereby made; to any matter which might be disclosed by a current, accurate survey and physical inspection of said lands.

Possession is given upon the delivery of this deed; taxes for the year 2002 shall be prorated among the parties.

By way of explanation, the Grantor herein acquired title to subject property as tenants by the entirety, with the right of survivorship and not as tenants in common with

Donald Lee Jolley, who passed away on September 4, 2001, a copy of the death certificate is attached hereto as Exhibit "A".

WITNESS OUR SIGNATURES this the 16th day of August, 2002.

Nancy Lee Jolley
NANCY LEE JOLLEY

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, NANCY LEE JOLLEY, who acknowledged that she signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

Given under my hand and official seal this 16th day of August, 2002.

[Signature]
NOTARY PUBLIC

(SEAL)

My Commission Expires:

ADDRESS OF GRANTORS:

Palmdale RV Resort
30910 State Hwy 100 Lot # 66
Home: San Benito, TX 78586
Work: ^{N/A} Cell 901-489-8588

ADDRESS OF GRANTEEES:

351 SANDELWOOD
SOUTHAVEN MS 38671
Home: 662-393-4749
Work: NONE

PREPARED BY AND RETURN TO:

WILLIAM W. BALLARD, ATTORNEY
7145 SWINNEA ROAD, SUITE 2
SOUTHAVEN, MS 38671
(662) 349-6536

FILE # S10283

STATE OF MISSISSIPPI

BK0427PG0159

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

EXHIBIT

"A"

TYPE OR PRINT
WITH BLACK INK

FILING DATE OCT 0 1 2001

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER 123-

DECEASED

1. NAME First Middle Last DONALD LEE JOLLEY	2 SEX MALE	3a. HOUR OF DEATH 1:48 A	3b. DATE OF DEATH (Month, Day, Year) SEPTEMBER 04, 2001
4. RACE (Specify White, Black, American Indian, etc.) WHITE	5a. AGE AT LAST BIRTHDAY 65 Years	5b. MOS 65	5c. DAYS 65
6. DATE OF BIRTH (Month, Day, Year) MARCH 25, 1936	7a. COUNTY OF DEATH DESOTO	7b. CITY OR TOWN OF DEATH SOUTHAVEN	7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either give street address, route number or other location) BAPTIST HOSPITAL-DESOTO 178
8. STATE OF BIRTH ILLINOIS	9. DECEASED'S EDUCATION (Specify only highest grade completed) Elem/High School College 12 (1-4 5+)	10. MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) NANCY LAMB
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) YES	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN	14. SOCIAL SECURITY NUMBER 360-28-7609	15a. USUAL OCCUPATION (Kind of work done most of working life) U.S. MARINE CORP
15b. KIND OF BUSINESS OR INDUSTRY MILITARY	16a. RESIDENCE-STATE MISSISSIPPI	16b. COUNTY DESOTO	16c. CITY OR TOWN SOUTHAVEN
16d. INSIDE CITY LIMITS (Specify Yes or No) YES	16e. STREET AND NUMBER OR RURAL LOCATION 351 SANDALWOOD		

PARENTS

17. FATHER-NAME First Middle Last WINNIE JOLLEY	18. MOTHER-NAME First Middle Maiden RUBY SPAIN
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INFORMANT

19a. INFORMANT-NAME (Type or print) NANCY LAMB JOLLEY	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 351 SANDALWOOD SOUTHAVEN, MS 38671
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DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	20b. CEMETERY, CREMATORY-NAME TWIN OAKS MEMORIAL GARDENS	20c. LOCATION (City and State) SOUTHAVEN, MISSISSIPPI	20d. EMBALMER-SIGNATURE AND NUMBER Regina K. R. 789
21b. FUNERAL HOME-NAME AND MISSISSIPPI ID NUMBER TWIN OAKS FUNERAL HOME 17T	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 290 GOODMAN ROAD EAST SOUTHAVEN, MS 38671		

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) STEPHEN HELTON, M.D.	22b. PRONOUNCED DEAD (Month, Day, Year) ON SEPTEMBER 04, 2001	22c. PRONOUNCED DEAD (Hour) AT 1:48 A
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CERTIFIER

23a. CERTIFIER-NAME (Type or print) WILLIAM RICHARDS, M.D.	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 401 SOUTHCREST CIR. #212, SOUTHAVEN, MS 38671
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Mississippi State Board of Health
Form No. 511
Revised 1-1-89

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated SIGNATURE [Signature] MD	24b. DATE SIGNED (Month, Day, Year) 09-27-01	24c. STATE LICENSE NUMBER 15231	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)
24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated SIGNATURE [Signature]		24f. TITLE	
24g. DATE SIGNED (Month, Day, Year)			

CAUSE OF DEATH

25. PART I. DEATH CAUSED BY	(a) IMMEDIATE CAUSE (Enter one cause only) Pneumonia	Interval between onset and death
	(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) MI	Interval between onset and death
	(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) lung cancer	Interval between onset and death

Had Decedent been Pregnant Within 90 Days Prior to Death?
☐ Yes ☐ No

26. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I	27. AUTOPSY (Yes or No)	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY m.
29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	29e. INJURY AT WORK (Yes or No)	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)
29g. LOCATION	Street or route number	City or town State

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Judy Moulder
Judy Moulder
STATE REGISTRAR

OCT - 1 2001

WARNING:

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